RECEIVED

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION NOV 2 0 2009 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

PIERCE COUNTY
PIERCE COUNTY

partment	1	Your Department's Risk Manag	pement BARS Cotte:
PW- R	load's	150,300.6200	54290 .46.0030
Employee Completing Report	Employee Name Division, Section, Etc.		
		eC+Sow Work P	^{thone} 798 - 6000
Person njured/involved in the Accident or Incident	Home Address 4920 Sunset DR	W Home I	Phone
	Employed By:	blic works 70 dept or incident?	Phone 98-6000
Date, Time and	Date 10/30/09	Time 1:24 A.M.	P.M.
The Injury	Nature and extent of injury	1000000000000000000000000000000000000	
	Where was injured taken after accident? Why was injured on premises?	Name of Doctor	When the Aries - 1
operty Damage or Theft of Property	Owner's Name Summit Water Address 9701-50 ** Ave E List damage: Broken Service Cine Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) to ress to blish pitch i 12" below Grade of shoul I talked to Don Cave (s you for this. Its Just a	der Summit Water	Showed up
	Locates Required? YES NO	Locate #:	
escribe 1st Aid:	11	PARKS - Did person resume skating?	
Witnesses	Name Address	Wk Phone	Hm Phone
	Name Address Date, location and badge # or name of police authority	Wk Phone y to whom incident was reported:	Hm Phone
	Signature of Employee	Signature of Department or Age	10-1

Tacoma, WA 98402



